The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Report	Mainte	enance Type		Event Rule	)	Re	eport Trigger	Whe	n is the Repo	rt Due?	Paper	Receiver
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
FROI	00	Original	2	9/1/06		С	All lost time claim	21	С	В	n/a	n/a
FROI	01	Cancel	3			М	Previously EDI established Claim	n/a	n/a	Н	n/a	n/a
FROI	02	Change	3			М	Previously EDI established Claim. Change of FROI data elements, based on Element Requirement table, initiated by the administrator.	n/a	n/a	н	n/a	n/a
FROI	04	Denial	3			М	MTC "00" previously filed	21	С	А	n/a	n/a
FROI	AQ	Acquired Claim	3			J	Possession of claim from another administrator.	90	С	D	n/a	n/a
FROI	AU	Acquired/ Unallocated	3			М	AQ initially submitted that resulted in TR acknowledgment	n/a	n/a	н	n/a	n/a
FROI	СО	Correction	3			М	Correction of errors in response to a FROI TE acknowledgment.	2	В	Е	n/a	n/a

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The First Report of Injury (FROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From). If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Report	Mainte	enance Type		Event Rule		Re	port Trigger	Whe	en is the Report Due?		Paper	Possivor
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
FROI	UR	Upon Request	3			J	In case Jurisdiction needs to know any information.	5	В	D	n/a	n/a

Event Rule Criteria 1=Date of Injury	Report Trigger Criteria Codes	Report Due Type	Receiver Codes
2=EDI Mandate Date	A = New Claim	B = Business Days	EE = Employee
3=Jurisdiction defined	B = Cumulative Medical \$ Paid	C = Calendar Days	ER = Employer
	C = Lost Time		PR = Provider
	D = Cumulative Wage Replacement	Report Due From Code	Others as defined by jurisdiction
	E = Days Open		
	F = Formula	A = From Date of Accident/Injury	

F = Formula
J = Jurisdiction Defined
L = Determination of Compensable Death
M = MTC Defined
N = Cumulative Indemnity \$ Paid
Q = Employee Death

E = From Jurisdiction Notification
F = From Carrier Notification
H = Immediate
I = From Date of Death
J = From Report Trigger
K = Prior to Final Report (FN)

B = From Date of Disability

C = From Employer Notification

D = From Administrator Notification

The Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: For a (Report Type) (Maintenance Type-Code) meeting (Event Rule Criteria) within (Event Rule Date range - FROM/THRU) where the (Trigger Criteria-Trigger Value), the Report is due (Report Due Value-Type) from the (Report Due-From) If the Event Rule Thru date is blank, reporting requirements apply until further notice. When a Paper Form(s) is indicated, this implies that in addition to the EDI transaction, this form(s) must be sent to the Receiver indicated.

Report	Ма	intenance Type		<b>Event Rule</b>	!		Report Trigger	When is	the Report Du	ıe?	Paper	
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
SROI	02	Change	3			J	Change of SROI data elements, based on Element Requirement table.	n/a	n/a	н	n/a	n/a
SROI	04	Denial	3			М	Administrator denies the claim. Board Rule 61(b)(1).	21	С	В	n/a	n/a
SROI	04	Denial	3			М	Board Rule O.C.G.A. 34-9- 221(d)	21	С	A or I	n/a	n/a
SROI	04	Denial	3			М	Board Rule O.C.G.A. 34-9-221(h). The claim needs to be controverted or denied within 60 days of the due date of first payment of compensation.	81	С	J	n/a	n/a
SROI	04	Denial	3			М	Board Rule O.C.G.A. 34-9- 221(h) (1).	81	С	J	n/a	n/a

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Report	Ма	intenance Type		Event Rule	)	Report Trigger When is the Report Due			ıe?	Paper		
Type	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
SROI	04	Denial	3			М	Board Rule O.C.G.A. 34-9- 221(h) (2).	60	С	J	n/a	n/a
SROI	АР	Acquired/Payment	3			J	FROI AQ or AU previously filed and first benefit payment of acquired claim made by the new claim administrator.	n/a	n/a	Н	n/a	n/a
SROI	CA	Change in Benefit Amount	3			J	Net weekly amount changes	n/a	n/a	Н	n/a	n/a
SROI	СВ	Change in Benefit Type	3			J	Change in benefit type	n/a	n/a	Н	n/a	n/a
SROI	CD	Compensable Death	3			L	Investigation Complete with dependents	21	С	В	n/a	n/a
SROI	CD	Compensable Death	3			L	Investigation Complete with out dependents. This is the case when a payment of 10K has to be made to the State.	n/a	n/a	н	n/a	n/a
SROI	СО	Correction	3			М	Correction of errors in response to SROI TE acknowledgment.	2	В	E	n/a	n/a
SROI	EP	Employer Paid	3			J	Employer Paying Benefits	n/a	n/a	Н	n/a	n/a
SROI	ER	Employer Reinstatement	3			J	Employer has reinstated benefits.	n/a	n/a	Н	n/a	n/a
SROI	FN	Final	3			J	Closure of a claim	n/a	n/a	Н	n/a	n/a
SROI	FN	Final	3			J	Final closure of claim with settlement.	30	С	J	n/a	n/a

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Report	Ма	intenance Type		Event Rule	)		Report Trigger	When is	the Report Di	ıe?	Paper	
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
SROI	ΙP	Initial Payment	3			С	Ruling has been made to accept the claim	20	С	E	n/a	n/a
SROI	IP	Initial Payment	3			С	Initial TT payment of claim	21	С	В	n/a	n/a
SROI	IP	Initial Payment	3			J	Initial PP Payment of claim due to receipt of report indicating percentage of PP	21	С	С	n/a	n/a
SROI	IP	Initial Payment	3			J	Initial Temporary Partial Payment	21	С	В	n/a	n/a
SROI	PD	Partial Denial	3			J	Partial denial of benefits	n/a	n/a	Н	n/a	n/a
SROI	PY	Payment Report	3			J	Payment Information	n/a	n/a	Н	n/a	n/a
SROI	RB	Reinstatement of Benefits	3			J	Benefits re-instated	n/a	n/a	Н	n/a	n/a
SROI	RE	Reduced Earnings	3			F	Employee returned at reduced earning.	n/a	n/a	Н	n/a	n/a
SROI	S1	Suspension, RTW, or Medically Determined/Qualifi ed RTW	3			J	Suspended due to the reason that employee is qualified to return to work.	n/a	n/a	Н	n/a	n/a

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Report	Ма	intenance Type		Event Rule			Report Trigger	When is	the Report Du	ıe?	Paper	D i
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
SROI	S2	Suspension, Medical Non- compliance	3			J	Suspension due to medical non-compliance	n/a	n/a	Н	n/a	n/a
SROI	S3	Suspension, Administrative Non- compliance	3			J	Suspension due to administrative non-compliance	n/a	n/a	Н	n/a	n/a
SROI	S4	Suspension, Claimant Death	3			J	Benefit suspended in case the employee died.	n/a	n/a	Н	n/a	n/a
SROI	S5	Suspension, Incarceration (Post- Conviction)	3			J	Suspended due to the reason that claimant is incarcerated, if the incarceration is "postconviction".	n/a	n/a	н	n/a	n/a
SROI	S6	Suspension, Claimant's Whereabouts Unknown	3			J	Claimants whereabouts unknown.	n/a	n/a	Н	n/a	n/a
SROI	S7	Suspension, Benefits Exhausted	3			J	Benefits exhausted	n/a	n/a	Н	n/a	n/a
SROI	S8	Suspension, Jurisdiction Change	3			J	Suspended due to Jurisdiction change.	n/a	n/a	Н	n/a	n/a
SROI	S9	Suspended Pending Settlement Approval	3			J	Suspended pending settlement approval.	n/a	n/a	Н	n/a	n/a

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Report	Ma	intenance Type		<b>Event Rule</b>	)		Report Trigger	When is the Report Due?		ıe?	Paper	
Туре	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Value	Due Type	From	Form(s)	Receiver
SROI	SD	Suspension, Directed by Jurisdiction	3			J	Directed by Jursidiction	n/a	n/a	Н	n/a	n/a
SROI	SJ	Suspended Pending Appeal or Judicial Review	3			J	Suspended pending appeal or Judician review.	n/a	n/a	Н	n/a	n/a
SROI	UR	Upon Request	3			J	In case Jurisdiction needs to know any information.	5	В	D	n/a	n/a
SROI	VE	Volunteer	3			J		n/a	n/a	Н	n/a	n/a

Report Trigger Criteria Codes

1=Date of Injury		
2=EDI Mandate Date	A = New Claim	B = Business Days
3=Jurisdiction defined	B = Cumulative Medical \$ Paid	C = Calendar Days
	C = Lost Time	
	D = Cumulative Wage Replacement Paid	Report Due From Codes
	E = Days Open	
	F = Formula	A = From Date of Accident/Injury
	J = Jurisdiction Defined	B = From Date of Disability
	L = Determination of Compensable Death	C = From Employer Notification
	M = MTC Defined	D = From Claim Administrator Notification
	N = Cumulative Indemnity \$ Paid	E = From Jurisdiction Notification
	Q = Employee Death	F = From Carrier Notification
		G = From Initial Payment (IP)
		H = Immediate
		I = From Date of Death

**Report Due Type** 

J = From Report Trigger K = Prior to Final Report (FN) **Receiver Codes** 

EE = Employee
ER = Employer
PR = Provider
Others as defined by

jurisdiction

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Rule Date Criteria

#### ICMS EDI SRS Ver 1.3 Periodic Event Table Ver 1.3

The Periodic Subsequent Report of Injury (SROI) Event Table is designed to provide information integral for a sender to understand the receiver's EDI reporting requirements. It relates EDI information to the circumstances under which they are initiated as well as the timeframes for sending the information. These circumstances and timeframes reflect legislative mandates and specifications relative to reporting requirements based on various criteria.

Interpreting the jurisdiction's requirements: A (Report Type) (Maintenance Type-Code) must be filed based on the (Event Rule Criteria) within (Event Rule Date range) on Claims that meet the Report Trigger (Criteria and Trigger Value), meets the Periodic Qualifier (Status and Activity) and must be filed by the Periodic Report Due indicated (Value, Due Type, From).

- \* If the Event Rule Thru date is blank, reporting requirements apply until further notice.
- \* Periodic Report Due indicated (Value, Due Type, From) is the last day a claim administrator has to receive a "Transaction Accepted" or "Transaction Accepted with Errors" for that MTC, and not just the date on which that transaction must be triggered regardless of errors. It was suggested that the Claim Administrator trigger the reports prior to this date in order to allow time for correcting errors.

	Mainto	enance Type	Type Event Rule Report		port Trigger	Periodic Q	Periodic Report Due					
Report Type	Code	Description	Criteria	From	Thru	Criteria	Trigger Value	Status	Activity	Value	Due Type	From
SROI	AN	Annual	3				1 year after sub	3				
							annual report.					
SROI	SA	Sub-Annual	3				180 days from 1st	3				
							payment report					

Event	Rula	Crite	ria

1=Date of Injury

2=EDI Mandate Date

3=Jurisdiction defined

#### Status Qualifier

1 = Open (If claim is open at time of Report Trigger)

2 = Closed (If claim has closed since the last periodic report)

3 = Either (if claim is open or has closed since the last periodic report)

#### **Activity Qualifier**

E = Either (either IL or MB)

IL = Indemnity (If Claim Type Code = Indemnity or Became Lost Time)

J = Jurisdiction defined (define details in column)
MB = Medical Only (If Claim Type Code = Medical
Only or Became Medical Only)

#### Due Type

B = Business Days

C =Calendar Days